7)-)-(3/21 (04-04) (AW 06/2004)

PTO/SB/21 (04-04) (AW 06/2004) Approved for use through 7/31/2006. OMB 0651-0031

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	10/009,671	DEOEIL/ED
Filing Date	June 26, 2002	RECEIVED
First Named Inventor	D. Ogata et al.	JUL 2 3 2004
Art Unit	2651	
Examiner Name		Technology Center 2600
Attorney Docket No.	MTS-3286US	

ENCLOSURES (Check all that apply)								
Fee Transmittal Form Fee Attached	☐ Drawing(s) ☐ Licensing-related Papers		After Allowance Communication to Technology Center (TC)					
Amendment/Reply After Final Affidavits/Declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation, Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s)		Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below):					
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT								
Firm or Individual Name Signature Date Allan Ratner July 14, 2004	Registration No. (Attorney/Ag	gent) ^	19,717					
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Typed or printed name Danjelle Murphy Signature	Munahio	Date	July 14, 2004					
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	1	for	FY	2004	ļ

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

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TOTAL AMOUNT OF PAYMENT

C& TRADE

Complete if Known						
Application Number	10/009,671					
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First Named Inventor	D. Ogata et al.	0 0 2004				
Examiner Name		JUL 2 3 2004				
Art Unit	2651	Technology Center 26				
Attorney Docket No.	MTS-3286HS	1601110109) College Pa				

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METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)							
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Deposit Account (use as backup only):					Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid		
Deposit Account 18-0350						1051	130	2051	65	Surcharge - late filing fee or oath		
Account 18-0350 Number						1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet,		
Depos Accou Name	int	Ratr	ner			ı	1053	130	1053	130	Non-English specification	
The Director is authorized to: (check all that apply)						1812	2,520	1812	2,520	For filling a request for ex parte reexamination		
☐ Charge fee(s) indicated below ☑ Credit any overpayments						1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
					1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action			
above-identified deposit account.						1251	110	2251	55	Extension for reply within first month		
			FEE C	ALCULATION			1252	420	2252	210	Extension for reply within second month	
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Large Er	•	Small E	•				1254	1,480	2254	740	Extension for reply within fourth month	
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Descriptio	n Fee Paid		1255	2,010	2255	1,005	Extension for reply within fifth month	
1001	770	2001	385	Utility filing fee		1401	330	2401	165	Notice of Appeal		
1002	340	2002	170	Design filing fee		1402	330	2402	165	Filing a brief in support of an appeal		
1003 1004	530 770	2003 2004	265 385	Plant filing fee Reissue filing fe		1403	290	2403	145	Request for oral hearing		
1005	160	2005	80	Provisional fillin		1451	1,510	1451	1,510	Petition to institute a public use proceeding		
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Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Descrip	tion		8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1202	18	2202	9	Claims in excess of 20		- 1	1809	770	2809	385	Filing a submission after final rejection (37	
1201 1203	86 290	2201 2203	43 145	Independent claims in excess of 3			1810	770	2810	385	CFR § 1.129(a)) For each additional invention to be	
1204	86	2204	43	** Reissue in	Multiple dependent claim, if not paid ** Reissue independent claims over						examined (37 CFR § 1.129(b))	
	00	2204	40	original pater			1801	770	2801	385	Request for Continued Examination (RCE)	
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SUBMITTED BY			1		Complete (if applicable)	
Name (Print/Type)	Allan Ratner	XX.	ogionation ivo. Attorney/Agenty	19,717	Telephone	(610) 407-0700
Signature	M	M			Date	July 14, 2004

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